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(Depositor's name)

(Signature)

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
|-----------------|-------------|----------------------|---------------------|------------------|

10/588,697

08/08/2006

Katsuhira Yoshida

VX062747 PCT

9922

TITLE OF INVENTION: HETEROPOLYCYCLIC COMPOUND AND DYE

06/27/2008 AWONDAF2 00000023 10500697

01 FC:1501

1440.00 OP

02 FC:1504

300.00 OP

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------|--------------|---------------|---------------------|----------------------|------------------|----------|
|-------------|--------------|---------------|---------------------|----------------------|------------------|----------|

nonprovisional

NO

\$1440

\$300

\$0

\$1740

07/10/2008

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------|----------|----------------|
|----------|----------|----------------|

CHANDRAKUMAR, NIZAL S

1625

549-457000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

KOCHI UNIVERSITY

Kochi, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1147 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date June 26, 2008

Typed or printed name David G. Posz

Registration No. 37,701

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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| (Depositor's name) |
| (Signature) |
| (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/588,697 | 08/08/2006 | Katsuhira Yoshida | VX062747 PCT | 9922 |

TITLE OF INVENTION: HETEROPOLYCYCLIC COMPOUND AND DYE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO | \$1440 | \$300 | \$0 | \$1740 | 07/10/2008 |

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| CHANDRAKUMAR, NIZAL S | 1625 | 549-457000 |

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- ☒ A check is enclosed.
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Authorized Signature

Date June 26, 2008

Typed or printed name David G. Posz

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): YOSHIDA

Serial No.: 10/588,697

Filed: August 08, 2006

Title: HETEROPOLYCYCLIC
COMPOUND AND DYE



Group Art Unit: 1625

Examiner: CHANDRAKUMAR, Nizal S

Attorney Docket No.: VX062747PCT

Allowed: April 10, 2008

Confirmation No.: 9922

Commissioner for Patents

Alexandria, VA 22314

Mail Stop Issue Fee

June 26, 2008

ISSUE FEE TRANSMITTAL LETTER

Sir:

Enclosed are one original and one copy of an executed Issue Fee Transmittal Form PTOL-85B for the above allowed patent application as well as a check in the amount of \$1740.00 for payment of the requisite issue fee.

Authorization is hereby given to charge any fee deficiencies or credit any overpayment to Deposit Account 50-1147.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "D. Posz".

David G. Posz
Reg. No. 37,701

DGP/moa
Posz Law Group, PLC
12040 South Lakes Drive, Suite 101
Reston, VA 20191
(703)707-9110 (phone)
Customer No. 23400